SOUTH CAROLINA TOBACCO QUITLINE
www.scdhec.gov/quitforkeeps

Quit for KEEPS
1-800-QUIT-NOW
1-800-784-8669

DHEC
PROMOTE PROTECT PROSPER

Administered by the SC Department of Health and Environmental Control

PROVIDER FAX REFERRAL FORM

Quitline Fax Number:
1-800-483-3114

Patient File Number: _____

INSTRUCTIONS: PLEASE COMPLETE THIS FORM AND FAX TO 1-800-483-3114. PATIENT MUST SIGN FORM . GIVE PATIENT A COPY.

Provider Information ***(ALL FIELDS REQUIRED – PLEASE PRINT LEGIBLY)*****:** **Date of Fax:** _____/_____/_____

Name of Medical Facility: _____ **County:** _____

Name of a Primary Contact Person: _____

Fax: (_____**)** ____ **-** _____ **Phone: (**_____**)** ____ **-** _____ **Email:** _____

Comments/Questions ***(optional)*****:** _____

Patient Information ***(all fields required)*****:** **Gender: ☐ Male / ☐Female** **Pregnant? ☐Y/ ☐N**

Patient Name: _____ **DOB:** ____/____/_____

Address: _____ **City:** _____ **Zip:** _____

Primary Phone #: (_____**)** _____ **-** _____ **Type:** _____**Hm** _____**Wk** _____**Cell**

Secondary Phone #: (_____**)** _____ **-** _____ **Type:** _____**Hm** _____**Wk** _____**Cell**

Language Preference (check one): ☐ English ☐ Spanish ☐ Other - _____

Tobacco Type (check primary use): ☐ Cigarettes ☐ Smokeless Tobacco ☐ Cigar ☐ Pipe

_____ I am ready to quit tobacco and I request that the *South Carolina Tobacco Quitline* contact me by telephone
(Initial) to help me with my quit plan.

_____ I **DO NOT** give my permission to the *South Carolina Tobacco Quitline* to leave a message on my telephone
(Initial) when contacting me.

Patient Signature ***(required)*****:** _____ **Date:** ____/____/_____

The South Carolina Tobacco Quitline will call you. Please check the BEST 3-hour time frame for a representative to reach you. ***NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.***

☐ 8 am – 12 noon EST **☐ 12 noon – 3 pm EST** **☐ 6 pm – 9 pm EST** **☐ 9 pm – 12 Midnight EST**

Within this 3-hour time frame, please contact me at ***(check one)*****: ☐hm/☐wk/☐cell**

TO THE PATIENT: THIS IS YOUR REMINDER THAT THE QUITLINE WILL CALL YOU BACK AT THE NUMBER AND WITHIN THE TIME FRAME YOU HAVE CHECKED ABOVE.